

# IDENTITY THEFT COMPLAINT FORM

**LISA MADIGAN**  
**ILLINOIS ATTORNEY GENERAL**  
Consumer Fraud Bureau  
500 South Second Street  
Springfield, IL 62706



Identity Theft Hotline: 866-999-5630  
TTY: 1-877-844-5461  
Fax: 217-782-1097  
[www.IllinoisAttorneyGeneral.gov](http://www.IllinoisAttorneyGeneral.gov)

ID Theft Advocate: \_\_\_\_\_

**Tell Us About Yourself:** ☐ Mr. ☐ Mrs. ☐ Ms.

First, Middle, Last Name: \_\_\_\_\_

Your E-mail Address (Optional): \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Telephone Number: (    ) \_\_\_\_\_

Evening Telephone Number: (    ) \_\_\_\_\_ Cellular Telephone Number: (    ) \_\_\_\_\_

Previous Address: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Previous Telephone Number: (    ) \_\_\_\_\_

Have you received a Security Breach notice? ☐ Yes ☐ No

If so, please list the name and address of the company:

Have you contacted your financial institutions? (Banks, credit card companies, etc.) ☐ Yes ☐ No

Have you filed a police report? ☐ Yes ☐ No Date Filed: \_\_\_\_\_

If so, please list name, address, and telephone number of the Police Department and the Police Report Number:

Have you placed a Fraud Alert on your credit report? ☐ Yes ☐ No Date Filed: \_\_\_\_\_

Which Credit Reporting Agency did you contact? Please Check: TransUnion Equifax Experian

Have you placed a Credit Freeze on your credit report? ☐ Yes ☐ No Date Filed: \_\_\_\_\_

Which Credit Reporting Agency(s) did you contact? Please Check: TransUnion Equifax Experian

Do you know the name of the person who stole your identity? ☐ Yes ☐ No

If so, please list their name, address and telephone number:

Please provide the following information regarding the fraudulent accounts that have been opened and the creditors that are contacting you. For your convenience we have provided you additional copies of this back page. We recommend that you use a separate page for each creditor. By providing this information you are authorizing us to contact these creditors on your behalf.

Name of Creditor: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Account Number: _____		

Briefly describe your identity theft complaint. You may use additional sheets if necessary. Please attach copies of all documents that relate to your complaint. Please do not send originals.


**READ THE FOLLOWING BEFORE SUBMITTING YOUR IDENTITY THEFT COMPLAINT**

In filing this complaint, I understand that the Attorney General is not my private attorney, but rather represents the public by enforcing laws designed to protect the public from misleading or unlawful business practices. I also understand that if I have any questions concerning my legal rights or responsibilities, I should contact a private attorney. I have no objection to the contents of this complaint being forwarded to the business or the person the complaint is directed against. The above complaint is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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